

## **DEPARTMENT REPORT**

### **JUNE, 2015**

#### **DIRECTOR'S OFFICE**

The Community Health Endowment presented the Department the Horizon Award on June 17<sup>th</sup> at their Annual Meeting. The Department was recognized for their work with the Community Health Endowment's Place Matters mapping project, their expanded dental services, the Diabetes Specialty Clinic and I & R Coordination with Clinic With a Heart and the Lancaster County Medical Society.

The Health Director provided a Department orientation and tour for new Board of Health member, James Michael Bowers.

The University of Nebraska Medical Center's College of Public Health administered and is analyzing a Work Force Development Survey for all Health Department staff. The survey will assess the education and training needs of the staff and how important employees believe each of the skills are, and their level of knowledge and ability in each. The survey was completed in June. The results of the survey will be used to develop a Workforce Development Plan for the Department.

The Department will participate in the Annual City/County Food Drive for the Food Bank of Lincoln. This year's theme is "It Is A Growing Problem" – hunger in our community. The Administrative Aide will serve as the City Coordinator for the Drive.

#### **ANIMAL CONTROL**

Animal Control Officers have been responding to an increased number of bat calls. This is normal for this time of the year. Properties where we have had multiple bat calls are being notified by a letter from Animal Control to contact a wildlife control business for bat removal and remediation. Animal Control provides a list of the names of businesses that can do wildlife removal.

Animal Control averages about 15 -20 calls per week during the hotter days regarding dogs in unattended cars. A public service announcement was developed and aired on a local new channel encouraging people to leave their pets at home during hot weather. Two additional PSAs were completed recently and are currently being aired on 5 City, and 10 Health. They are targeted at licensing and having your pets spay and neutered.

More pets are being licensed with a total of 47,789 for September 2014 through May 2015. More cases are being dispatched to officers and more animal investigations are being completed by Animal Control staff.

## Animal Control Statistics

	Sep 12- May 13	Sep 13- May 14	Sep 14- May 15
Pet Licenses Sold	47468	47261	47789
Cases Dispatched	17171	16991	17521
Investigation	18429	18336	18950
Animals Impounded			
Dogs	1139	1097	1039
Cats	771	875	892
Court Citations Issued	244	297	258
Warnings/Defects Issued	11506	11818	12346
Bite Cases Reported	321	322	358
Attack Cases Reported	37	40	40
Dogs Declared Pot. Dangerous	50	55	55
Dangerous Dogs	16	9	16
Animal Neglect Investigations	467	497	406
Injured Animal Rescue	433	497	621
Wildlife Removal	259	283	347
Dead Animal Pickup	1375	1309	1447
Lost and Found Reports	1761	1574	1657
Phone Calls	37253	32646	33218
Average Response Time (in mins)	23	23	27

## COMMUNITY HEALTH SERVICES

### Patient Satisfaction Survey Results

Community Health Services and Dental Health & Nutrition staff conducted a quarterly patient satisfaction survey the week of May 11-15, 2015. Sixty nine (69) patients participated from the following programs: Dental Clinic, Home Visiting Services, Public Health Clinic (Immunization Clinic, STI Clinic, General Assistance Clinic, Refugee Clinic), and WIC. ***Overall, our services***

*were rated 4.87 in this time period, on a scale of zero to 5 with 5 = excellent service.* This was an increase from our overall rating of 4.78 in February 2015. Other results were as follows:

### **Language**

Surveys are available in Arabic, English, Spanish, and Vietnamese. We do not ask a question on the survey about primary language spoken, thus a survey could be completed in English with the help of an interpreter.

- English Language Surveys = 53
- Spanish Language Surveys = 7
- Arabic Language Surveys = 5
- Vietnamese Language Surveys = 4

### **Services**

“Service you are here for today”. 6 blank answers.

- Dental = 21
- Home Visit = 19
- WIC = 19
- Medical/Nurse = 4

### **Did you have any problems scheduling your appointment for today?**

- No = 97%
- Yes = 3%

### **Was the staff polite and friendly?**

- Clinic Staff – Yes = 100%
- Reception Staff – Yes = 100%
- Interpreter – Yes = 100%
- Other – Yes = 85%

### **Were your questions answered?**

- Yes= 100%

### **Were you given the information you needed?**

- Yes= 100%

### **Please rate your overall experience today on a scale of 1 to 5.**

**5=the highest score or excellent. 1=the lowest score or poor. 1 blank answer.**

- 1=0%
- 2=0%
- 3=1% (1)
- 4=10% (7)
- 5=88% (60)
- **AVERAGE = 4.87**

### **Sample of Positive Comments**

- “They even accomodated my child’s school schedule & my work schedule.”
- “Everyone is rather friendly and inviting.”
- “Everyone was very informative and well prepared to handle questions.”
- “The personnel has been very polite in helping with my baby, I’m very satisfied.”
- “She always answers all our questions and if she doesn’t have an answer she’s good about getting it and letting us know.”
- “Nice that you reorganized the lobby – my 3 year old enjoyed the new reading area... These folds ALWAYS go above & beyond the call of duty to make me & my kids, as comfortable & happy as they possibly can be. They worked SO WELL with my 12 year old daughter who happened to be scared...”
- “My experience was very good. Always got you into your appointment on time, very pleased all around with services.”
- Staff “spend extra time to answer questions & explain...”

### **Mental Health Training**

CHS staff attended two mental health trainings recently. The majority of our patients have a mental health diagnosis or have experienced trauma. In fact, one of the most common risk factors of parents participating in the Healthy Families America Program is being abused or neglected as a child. The first training was presented by Kim Carpenter from the Behavioral Health Education Center of Nebraska at UNMC. The topic of her training was substance use disorder and post-traumatic stress disorder (PTSD). These challenges are frequently experienced together as trauma is a risk factor for substance use and substance use is a risk factor for trauma. Objectives of the training were to; understand symptoms and behaviors associated with PTSD and substance use disorder, learn concepts of the recovery process, understand the connections between substance use disorder and trauma, learn strategies to maintain safe environments and promote recovery while offering services, and learn of helpful considerations when making referrals for services.

The second training was presented by Arnold Remington, LIMHP, CPC, Program Director, Targeted Adult Service Coordination (TASC). The topic of his training was QPR – question, persuade and refer. QPR is designed for lay people, like CPR, and is a suicide prevention technique. It is not a form of counseling or treatment, but is intended to offer hope through positive action. Warning signs, clues and communications made by people who are considering suicide

and helpful actions were reviewed. Suicide is the most common psychiatric emergency and, depending upon the age of the individual, one of the leading causes of death in America and Lancaster County.

### **HIV + Linkages to Care**

The Public Health Clinic was recently awarded a \$25,000 grant from HRSA/Ryan White Funding through NE DHHS to connect people who have a positive test for HIV to a medical home and antiretroviral therapy as soon as possible, including people transitioning out of a correctional facility. We are planning to begin the project in August and are working with community partners to enhance our existing relationships. Key partners will be Nebraska AIDS Project, Lancaster County Medical Society/private providers, correctional facilities, and UNMC's HIV Clinic.

### **Chlamydia & Gonorrhea Testing & Treatment**

As reported previously, CHS staff have been working toward our STI Clinic branding goals with Clover Fredrick (marketing consultant) and our provider partners. One of our goals is to increase the use of STI testing and treatment services at LLCHD by 10% each year over the next 3 years, as Chlamydia remains one of the most commonly reported communicable diseases in Lancaster County. CHS staff and the UNL Student Health Center produced a "Shape of the City" segment with Channel 10 Health to raise awareness about sexually transmitted infections, testing, and ways to discuss sexual health with young people. You can access the video via Channel 10 Health or the CHS website: <http://lincoln.ne.gov/city/health/nurse/STD.htm>.

This spring, the Public Health Clinic began offering a new service called "Express STD Clinic". The service includes testing for the most commonly reported sexually transmitted infections: Chlamydia and Gonorrhea. The test is performed using a urine sample, which is a non-invasive method of testing (i.e. no painful swabs). The test *does not* cover all sexually transmitted infections nor oral or rectal infections. See our website for more information (same web site as listed above). As always, free or reduced cost testing and treatment is available for all of our STD services. A more comprehensive array of testing and treatment continues to be available during our STD Clinics offered on Tuesdays from 1-3 p.m. and Thursdays from 5-7 p.m. No appointments are needed for our new Express STD Clinic nor our STD Clinics. *Anyone may call 402-441-8065 to talk to a nurse confidentially about STDs.* Seventeen people have utilized the new "Express STD Clinic" services at the time of this report.

## **DENTAL HEALTH & NUTRITION**

### **WIC**

Caseload (Participation):

Total	3043
Main	2244
Cornhusker Clinic	799



Food: For December 2014 -

Food Monthly Obligations	\$ 238,578.51
Food Pkg Avg.	\$ 71.03
Women	\$ 41.42
Infants	\$ 148.27
Children	\$ 47.24

Mentoring:

	(Number and school)
Students	1 CYF
Interns	
Volunteers	2 UNL- RD
LMEP Residents	

This was the first month of piloting the new computer system for the State of Nebraska. We are one of 2 agencies piloting the system and are the only urban location. As stated by the Project Manager, WIC agencies typically see 50% of the usual caseload during the first month of implementation. Our agency saw over 65% of the typical caseload. There were 2 fewer days of clinic services than anticipated due to an unforeseen issue that was quickly resolved. The Project Manager and Nebraska State WIC Program Staff were thrilled with the progress and volume of clients that had been seen in the month of May.

Overall, the implementation has gone very well.

### Dental

- Total number of clients served during all clinic hours (unduplicated count): 502
- Total number of patient encounters (duplicated client count): 594
- Total number of patient visits (duplicated provider appointments/visits): 807
- Total number of Racial/Ethnic and White Non-English speaking patients: 369 (64%)
- Total number of children served: 273 (54%)
- Total number of clients enrolled in Medicaid: 371 (74%)
  
- Clients served during Thursday evening hours (unduplicated count): 60
- Client encounters during Thursday evening hours (duplicated client count): 66
- Patient visits during Thursday evening hours (duplicated provider appointments/visits): 97
- Racial/Ethnic and White Non-English speaking patients during Thursday evening hours: 48 (80%)
- Children served during Thursday evening hours: 56 (93%)
- Patients enrolled in Medicaid during Thursday evening hours: 46 (77%)

### Outreach Activities

Children transported from Elliott and Holmes Elementary Schools in need of urgent dental services:

Total number of children: 6 children for 10 patient provider visits. Total number of children enrolled in Medicaid: 2 (33%)

Number of children non-Medicaid eligible receiving services at no fee: 4 (67%); Total of racial and ethnic children: 3 (50%).

Fluoride Varnish Program

Educate: 122

WIC Cornhusker and Main Office Fluoride Varnish Program: 23

## **ENVIRONMENTAL PUBLIC HEALTH**

### **West Nile Virus Surveillance / Vector Control**

#### **Goals (Purpose)**

Protect human health by preventing the spread of West Nile Virus (WNV) by monitoring mosquito populations, responding to complaints, eliminating mosquito breeding sites, treating with larvicide, testing for WNV, and, rarely, spraying to kill adult mosquitoes.

#### **Indicator**

Resolve 90% of nuisance complaints on stagnant water or mosquitoes within 30 days. Maintain surveillance system to control outbreaks by reducing human West Nile Disease cases.

#### **Strategies/Methods (What we do)**

- educate public on WNV risk reduction
- investigate and resolve standing water and mosquito complaints
- trap, identify mosquitoes and submit Culex species for virus testing
- maintain pesticide applicator licenses for Health, Public Works and Parks staff
- coordinate spraying if needed

#### **Funding/Source:**

Grants in Aid (100%)

#### **Comparison**



In calendar year 2014, 7 human cases of WN Disease were reported, (3 were neuroinvasive), compared to 14 in 2013, 16 in 2012, 1 in 2011, 3 in 2010, 1 in 2009, 5 in 2008, 12 in 2007, and 15 in 2005.

### **Description**

Lincoln Municipal Code prohibits stagnant water on any property. The Health Department is required to investigate and resolve standing water and mosquito nuisance conditions. Health staff trap and identify mosquitoes and submit them to the State Public Health Lab for West Nile Virus testing. Health assures that pesticide applicator licenses are maintained for Health, Public Works and Parks staff. If a WNV epidemic is predicted, Health coordinates the mosquito spraying. Public education on reducing risk of contracting WNV is conducted. In FY14 grant funds covered direct program costs.

### **Partnerships & Efficiencies**

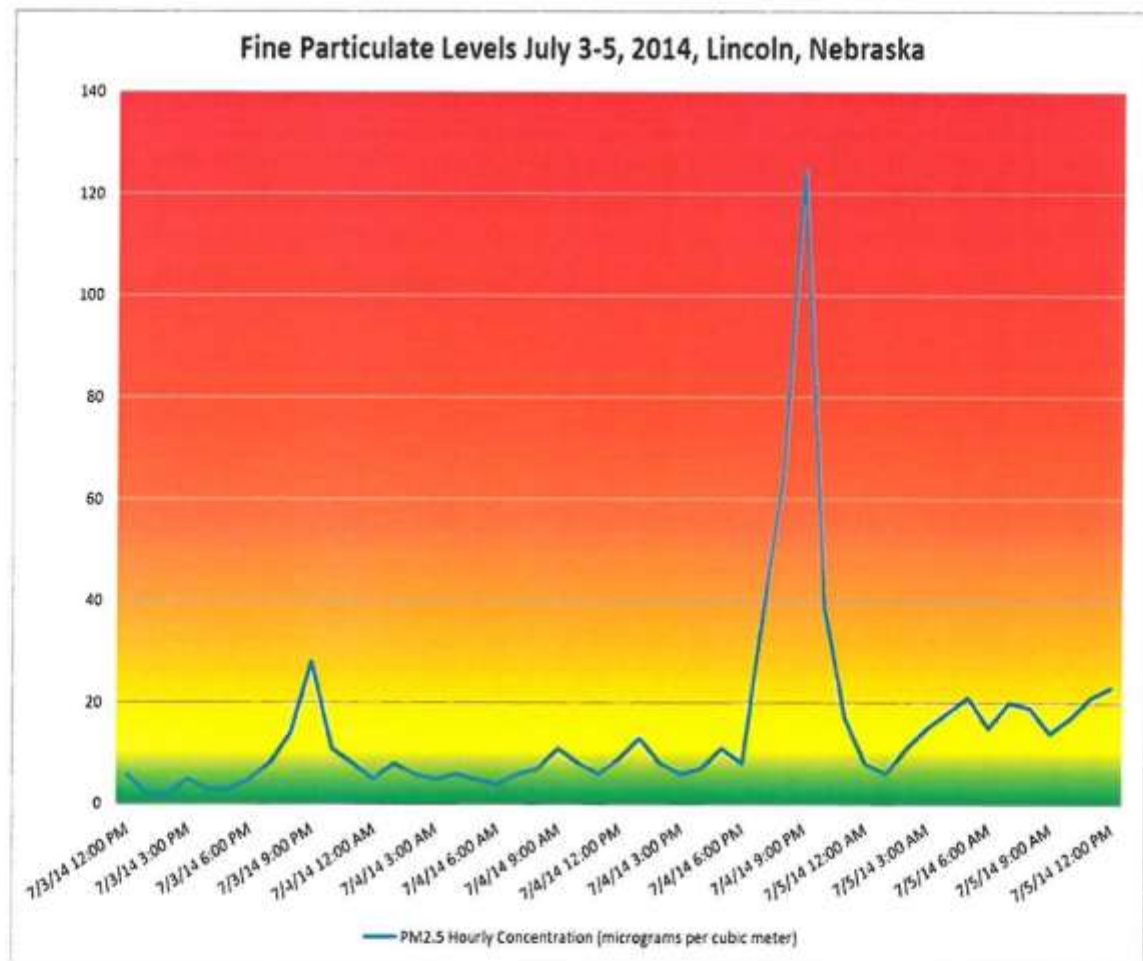
Collaboration with PWU and Parks assures spraying for adult mosquitoes can be performed if necessary in outbreak conditions. Nebraska Public Health Lab does all virus testing at no cost to the City or County.

### **Fireworks Impact Air Quality**

While fireworks bring enjoyment to many, one unintended consequence is the increase in fine particulate air pollution. Fine particulate matter is so small that it can get deep into the lungs, enter the blood stream, and cause serious health problems. Exposure to high levels of particulate, even for a few hours, can aggravate lung disease, cause asthma attacks and acute bronchitis, and cause angina, heart attacks, and arrhythmias.



LLCHD continuously monitors our air for fine particulate matter, technically known as PM 2.5. In recent years, LLCHD has issued Health Advisories prior to July 4<sup>th</sup>, warning of the anticipated increased levels of fine particulate pollution associated with the extensive use of fireworks. The graph below displays the fine particulate levels measured in Lincoln for July 3<sup>rd</sup> through July 5<sup>th</sup> in 2014. Levels were similar in 2013. Relative to the Air Quality Index (AQI), levels in the orange portions of the chart are “Unhealthy for Sensitive Groups” and levels in the red are “Unhealthy” for all people. Thus, for several hours, the levels of particulate in the air caused by fireworks were high enough to significantly impact people’s health.



## HEALTH DATA & EVALUATION

On June 25<sup>th</sup> we held the third meeting of the MAPP (Mobilizing for Action through Partnership and Planning) Committee to help us update the community health assessment that we last conducted in 2010-2011. There's a link to the MAPP webpage on the Health Department's home page, <http://lincoln.ne.gov/city/health/data/MAPP.htm>, which includes the PowerPoint presentations from the first three meetings and we will provide updated information as we proceed with the various assessments. The MAPP process involves four different assessments:

- The Community Health Status Assessment involves a review of data that reveals how healthy the community is on the basis of various measures, including comparisons with the state, other communities and the nation.
- The Community Themes and Strengths Assessment aims to determine how the community is perceived by our residents. The assessment includes a perception of the quality of life in the county as well as an assessment of community assets. In order to gather community feedback we have posted a survey link on the MAPP web page mentioned above. We are also planning on conducting focus groups to discuss community issues—both strengths and weaknesses.
- The third assessment is called the Forces of Change. This assessment revolves around events and legislation that influences the health of the community and the strength of the public health system.
- The fourth assessment is the Community Public Health System Assessment. We will be sending out a survey to our partners who are addressing one or more of the ten essential public health services to gather information about which services they provide in the community. In addition to conducting the survey, we will pull together our partners to complete the Local Public Health Performance Standards assessment.
- At the conclusion of the MAPP assessments, we will prioritize issues and produce a Community Health Improvement Plan to address four or five areas that can be addressed strategically over the next 3 to 5 years. We will also produce a Community Profile with all of the data and information gathered during the MAPP process so it will be a busy summer.

We have received the 2014 BRFSS data and have updated our dashboard with the information at <http://lincoln.ne.gov/city/health/data/brfss/index.htm>. Clicking on the indicator will navigate you to a page with trend data as well as data by gender, race/ethnicity, income and age. Of note from the 2014 results is that the smoking rate has declined to 18.3 percent, marking a continuation of the slight declines over the past several years.

Another addition to our dashboards is one comparing Lancaster County to a group of “peer” counties to see how we compare on a variety of health and other community demographic and health-related measures. The dashboard is at <http://lincoln.ne.gov/city/health/data/CHR.htm>.

The County Rankings dashboard does not show how Lincoln fares against the largest communities in the other counties whereas HDE staff members Raju Kakarlapudi, Public Health Epidemiologist, and Deb Byrne, GIS Analyst, worked with the Community Health Endowment to produced maps by Census tract for their "Place Matters" discussion at their annual meeting, June 17<sup>th</sup>. Raju and Deb produced over a hundred maps, which will also be used in the MAPP Community Health Status Assessment and the community profile when it is drafted.

## **HEALTH PROMOTION & OUTRECH**

### **Chronic Disease Prevention and Minority Health**

The 2015 Summer Food Service Program (SFSP) began on Wednesday, May 27 with 1,410 breakfasts and 2,148 lunches served in the first three days at 22 sites. By Mid-June there were 18 more sites added and one short-term site had closed. Among the many partners in the Summer Food Service Program is the Salvation Army, serving approximately 75 children breakfast and lunch. This is the third summer that LLCHD has partnered with the Salvation Army to utilize its mobile kitchen to provide meals at two sites where we would otherwise not be able to serve the children. The meals for these sites are brought to the Salvation Army and then transported in the mobile kitchen to Shamrock Mobile Home Park to feed 50 children and to Mercy Services Northglen (a low income housing complex) to feed 12 children. The Summer Food Service Program has been in the media several times: on June 1 during a noon-time forum on Channel 8; on June 8, Channel 11 featured a new site located at a City library; and on June 9<sup>th</sup> there was an article in the Journal Star featuring the same library site.

Lincoln is a solid second behind Madison, Wisconsin in the fourth annual National Bike Challenge. Since May 1<sup>st</sup>, 1,868 Lincoln commuter and recreational bike riders have logged more than 303,000 miles. This challenge continues through September 30<sup>th</sup>.

### **Injury Prevention**

Staff coordinated a car seat check event for clients of Community Action Partnership of Lancaster and Saunders County at the West 'O' Street office location. 41 car seats were checked, with 23 car seats provided to replace recalled or otherwise unsafe seats. Staff also coordinated a car seat check event at People's Health Center where 35 seats were checked and 30 seats were considered not installed properly or children had no child safety seat. Thirty seats were given to families. For this check-up event, 10 certified technicians educated families on the proper installation of their car seats with the help of 4 volunteer interpreters. These events were sponsored by Safe Kids Lincoln Lancaster County (SKLLC) with funding from the Nebraska Office of Highway Safety and AAA Nebraska.

Staff, coordinated production of three water safety PSAs addressing the City pool fence code, supervision of children in and around the pool, and safety on open bodies of water. Members of the SKLLC Water Safety Task Force worked with channel 10 health to produce the PSAs which are now on YouTube, several Department program websites, and will be shared with local TV



stations. The PSAs can be accessed at the following links: [http://youtu.be/r-gUkVDts\\_c](http://youtu.be/r-gUkVDts_c)  
<https://youtu.be/loY0dUrKNIw> <https://youtu.be/luHNrW6Xe9I>  
<https://youtu.be/mwZKZx0zUyE>

Staff was interviewed on Channel 10 Health "Shape of the City" program. Staff discussed local causes and impact of unintentional childhood injuries and how LLCHD and SKLLC works to prevent these injuries. Joining staff was Melissa Kenzie, Chair of the Safe Kids Water Safety Task Force, to share important swimming pool safety tips. Staff also was featured on the KLKN TV Midday Forum to discuss fireworks safety.

## **INFORMATION & FISCAL MANAGEMENT**

Division Manager and Fiscal Office Supervisor are preparing and reviewing year end projections for the Health Fund, Animal Control and Title V programs.

The Division Manager is coordinating the City's HIPAA Risk Assessment process which started in late May. Staff from Community Health Services, Dental Health, Information Management, City Information Services and Lincoln Fire and Rescue are currently collecting information. Analysis of findings will begin in late July and continue in August.

The Department is in the process of acquiring a tool to manage our policies and procedures. Staff hope to install and begin working with the tool in early July. We will be using the same tool that Police, Fire and 911 use to manage policies and procedures.

## **DEPARTMENT REPORT JULY, 2015**

### **DIRECTOR'S OFFICE**

The Health Director and Food Team members attended the National Association of County & City Health Officials Meeting in Kansas City on July 8<sup>th</sup>. The Department's Food Team was awarded the Samuel J. Crumbine Award for Excellence in Food Protection. The award is a prestigious award given annually to local environmental health jurisdictions that demonstrate achievement in providing outstanding food protection services to their communities. The Award will also be presented at the National Environmental Association Meeting and the International Association for Food Protection.

Key staff attended a training session on selecting documentation to meet the Standards and Measures for Accreditation on July 24<sup>th</sup>. Staff were provided information on what will be needed to meet the Standards and Measures for the Public Health Accreditation Board.

The Quality Improvement Plan was approved for implementation by the Quality Council and presented to the Management Team and all Health Department Staff.

The Health Director serves on the Community Health Endowment Board of Trustees and Funding Committee. The Committee is reviewing grant applications for the coming year.

Employee of the Month – Tommy George – Health Data & Evaluation Division

### **ANIMAL CONTROL**

#### **Animal Control Stats**

	<b>Sep 12- Jun 13</b>	<b>Sep 13- Jun 14</b>	<b>Sep 14- Jun 15</b>
<b>Pet Licenses Sold</b>	52024	52179	52739
<b>Cases Dispatched</b>	19480	20112	19419
<b>Investigation</b>	20977	21670	21053
<b>Animals Impounded</b>			
<b>Dogs</b>	1292	1283	1178
<b>Cats</b>	890	1000	1048
<b>Court Citations Issued</b>	284	335	303
<b>Warnings/Defects Issued</b>	12782	14168	13078
<b>Bite Cases Reported</b>	386	373	396



<b>Attack Cases Reported</b>	44	45	48
<b>Dogs Declared Pot. Dangerous</b>	62	64	58
<b>Dangerous Dogs</b>	16	10	19
<b>Animal Neglect Investigations</b>	582	597	523
<b>Injured Animal Rescue</b>	545	607	774
<b>Wildlife Removal</b>	318	347	442
<b>Dead Animal Pickup</b>	1622	1541	1673
<b>Lost and Found Reports</b>	1887	1833	1864
<b>Phone Calls</b>	42429	37366	38094
<b>Average Response Time (in mins)</b>	25	17	25

The Animal Control Advisory Committee will meet on July 28<sup>th</sup> to discuss and act on the policy revisions proposed by Animal Control regarding the euthanasia of wildlife. Beginning next month the Animal Control Advisory Committee meeting notices, agendas and minutes will be available to view on the Health Department home page.

Staff met with City Purchasing staff to prepare the Request for Proposals (RFP) that will be released for bids on the new Animal Control dispatch system.

Animal Control staff are working on a new policy that would define a procedure for staff to follow when we encounter homes, apartments and other buildings that have bat infestations.

Staff are working on a training agenda that would cover topics such as handling aggressive dogs (maybe a joint effort with LPD) and how the social media impacts our jobs. The training would take place in the fall and winter months when we have less field work.

## COMMUNITY HEALTH SERVICES

### Healthy Families America Marketing

In 2010, Congress created the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) “to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children. MIECHV builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professionals during pregnancy and in the first years of life improve the lives of children and families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness.<sup>1</sup> Research also shows that evince-based home visiting can provide a positive return on investment to society

*through savings in public expenditures on emergency room visits, child protective services, special education, as well as increased tax revenues from parents' earnings.* <sup>2,3</sup> (U.S.

Department of Health & Human Services, Administration for Children and Families, Home Visiting Evidence of Effectiveness (HomVEE). Available at: <http://homvee.acf.hhs.gov/>.

<sup>2</sup>Karoly, L., et al (2005). Early Childhood Interventions: Proven Results, Future Promise. RAND Corporation. Available at: <http://www.rand.org/pubs/monographs/MG341.html>.

<sup>3</sup>Washington State Institute of Public Policy. Benefit-Cost Results. Available at <http://www.wsipp.wa.gov/BenefitCost>.

For a state-required quality improvement project, Healthy Families America-Lincoln staff are working toward recruiting more families into our local MIECHV program by way of direct self-referral and by increasing referrals from community partners. Our goal is to develop a marketing campaign to increase participation and support for the program and to create awareness and understanding of the purpose, intent, and services available to families.

Our first sessions, led by Clover Fredrick this spring, solicited and organized information from direct service staff which included; key words and phrases, target audience, messages and tactics, taglines, and measurable objectives.

#### **Key Words & Phrases:**

- Help parents handle stress, cope & problem solve.
- Support, teach & build.
- Become self-sufficient.
- We give parents the power to provide a healthy family.
- Offer resources.
- We care about the people we serve & their life goals.
- We help families set & achieve goals.
- We are a child abuse & neglect *prevention* program, not a child abuse intervention program.

#### **Target Audience (In Lincoln and surrounding counties):**

- Young parents (ages 14-29) and/or single, living in poverty with high risk factors.
- Internal department referrals (WIC, Dental, Public Health Clinic, Child Care, etc.).
- Community agency referral sources.

#### **Measurable Objectives:**

- More referrals from:
  - Obstetricians/Gynecology/Pediatricians/General Practitioners.
  - Nebraska Department of Health & Human Services.
  - Family Planning Services.
  - Other nonprofit agencies – community centers, poverty relief agencies, cultural agencies, etc.

- 20% more parents screened for Healthy Families America in 12 months.

Our next sessions, led by John Beranek of Intersections Consulting this summer, solicited and organized information from the Healthy Families America-Lincoln Advisory Committee. The question the group was tasked to answer was “How can we package an effective, engaging, and educational marketing plan?” Five important aspects of a successful marketing campaign were identified by the group; 1) easy access to the program for everyone, 2) real family stories, 3) simple, consistent messaging, 4) intentionally build and maintain referral relationships, and 5) targeted marketing tools.

### **Easy Access for Everyone:**

- On-line, 1-step referral forms.
- Materials in multiple languages & modalities.
- QR code.
- Present criteria in simple terms, more strength based wording.

### **Real Family Stories:**

- Encourage families to talk to others. Tell a friend campaign. Peer mentors – get former clients involved.
- Use testimonials in audio, video and printed materials.
- Testimonials should address fears/“stigma” about “I’m in the program, so I’m a bad parent”.

### **Simple, Consistent Messaging:**

- Specific messages for specific audiences (parents, referral agencies).
- For families: Messages must “lose stigma” – asking for help is a strength, families are empowered in our program, we follow the “lead” of families in goal setting and attainment, answer the question “what’s in it for me?” from the family’s perspective, no cost, voluntary (non CPS, non-law enforcement referred), present the benefits, what the program IS and what it IS NOT.
- Script for staff; 30-60 seconds, use tagline, “sales pitch” at first contact, standardize program description.

### **Building & Maintaining Referral Relationships**

- Tie to what physicians currently do and how they work/make referrals– “same messaging”.
- Regular updates/report back to referral sources.
- Face-to-face presentations to agencies.
- Personal connections with referral sources- consistent follow up.

- Develop and promote joint training opportunities around the issue of healthy parenting.

### **Targeted Marketing Tools**

- Public service announcements (audio and visual) – use family voices telling personal stories.
- Use photos of home visitors & families.
- Materials available where potential program families are.
- Materials available internal & external to our organization – brochures, magnets for the staff of referral partners reminding them to refer, business cards, easy to use referral form.

## **DENTAL HEALTH & NUTRITION**

### **WIC**

#### **Caseload (Participation)**

<b>Total</b>	3307
<b>Main</b>	2510
<b>Cornhusker Clinic</b>	797

#### **Food: For June 2015 -**

<b>Food Monthly Obligations</b>	\$ 178,174.67	YTD \$1,608,114.27
<b>Food Pkg Avg.</b>	\$ 21.87	YTD \$24.50
<b>Women</b>	\$ not available	
<b>Infants</b>	\$ not available	
<b>Children</b>	\$ not available	
<b>Number of checks redeemed</b>	8,148	YTD 65,641

#### **Mentoring:**

	(Number and school)
<b>Students</b>	1 CYF
<b>Interns</b>	2 UNL- RD
<b>Volunteers</b>	2 UNL- RD
<b>LMEP Residents</b>	

This was the second month of piloting the new computer system for the State of Nebraska WIC Program. Caseload increased by 5% this month.

### **Dental Health**

- Total number of clients served during all clinic hours (unduplicated count): 583
- Total number of patient encounters (duplicated client count): 719
- Total number of patient visits (duplicated provider appointments/visits): 1032
- Total number of Racial/Ethnic and White Non-English speaking patients: 463 (79.4%)
- Total number of children served: 364 (62.4%)
- Total number of clients enrolled in Medicaid: 380 (65.1%)
- Total number of clients that identified another language as their primary language: 292 (50%)  
Albanian, Arabic, Burmese, Chinese, Farsi, French, Karen, Kurdish, Russian, Spanish, Vietnamese

- Clients served during **Thursday evening hours** (unduplicated count): 72
- Client encounters during Thursday evening hours (duplicated client count): 73
- Patient visits during Thursday evening hours (duplicated provider appointments/visits): 112
- Racial/Ethnic and White Non-English speaking patients during Thursday evening hours: 61 (84.7%)
- Children served during Thursday evening hours: 66 (91.7%)
- Patients enrolled in Medicaid during Thursday evening hours: 54 (75%)
- Total number of clients that identified another language as their primary language: 35 (48.6%)

#### **Student Rotations:**

- 1 dental hygiene student from UNMC College of Dentistry
- 1 dental assisting student from Southeast Community College.

#### **Outreach Activities:**

- Fluoride Varnish Program:
- WIC Cornhusker Office and Main Office sites: 36 children and families

## **ENVIRONMENTAL PUBLIC HEALTH**

### **LLCHD Nebraska Meds Disposal Project**

The LLCHD and the Nebraska MEDS Coalition received a one-year grant-extension from the Nebraska Environmental Trust to pilot a turn-key system for controlled and non-controlled medication disposal. Previously only non-controlled medication could be accepted. The pilot launched on June 1<sup>st</sup> and was one of the first programs in the U.S. to accept controlled medications. Data collected from participating Lancaster County Pharmacies will help to lay the foundation for all future controlled and non-controlled medication collection across Nebraska.



Nebraska  
**MEDS Coalition**  
Medication Education for Disposal Strategies





Through the City of Lincoln's formal RFP process Sharps Compliance was selected. The options offered to Lancaster County pharmacies included:

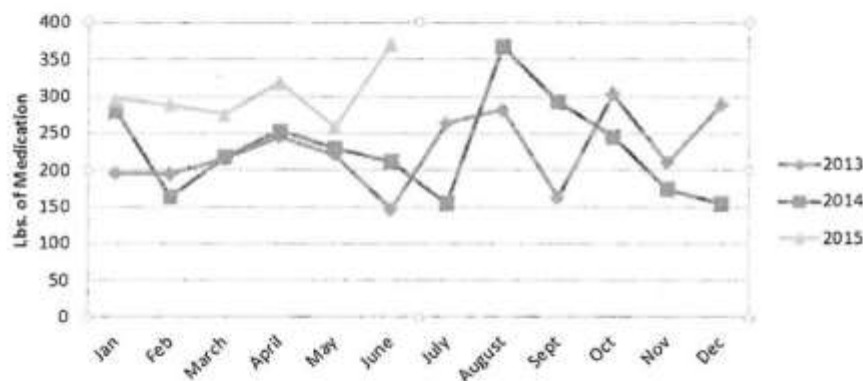
1. **The MedSafe® System-** Semi-permanent container allows for the safe and secure collection of both controlled and non-controlled medication.
2. **The Non-controlled TakeAway Environmental Return System Box with TakeAway Medication Recovery System Envelopes** - Pharmacies can collect non-controlled medications in the TakeAway box; customers will use an envelope to mail back controlled substances to Sharps Compliance for incineration.

In May, LLCHD sent a letter to 76 pharmacies a letter explaining the next phase of the MEDS Disposal pilot. Thus far, 46 pharmacies enrolled in the program and six wanted to pilot the MedSafe® System. These locations include all three Four Star Drug locations-Piedmont, Bethany, and Waverly, The Pharmacy, Neighborhood LTC Pharmacy, and the

Southeast Nebraska Cancer Center.

LLCHD's grant coordinator, Willa Tharnish, delivered new educational materials and envelopes for controlled medication to pharmacies and provided updated service agreements to each pharmacy utilizing the leased MedSafe® System.

### 7,700 lbs. Collected in Lincoln-Lancaster County via Pharmacies



Pharmacists were very enthusiastic about having a safe and legal option for their patients to dispose of controlled medications and were excited about the program's updates.

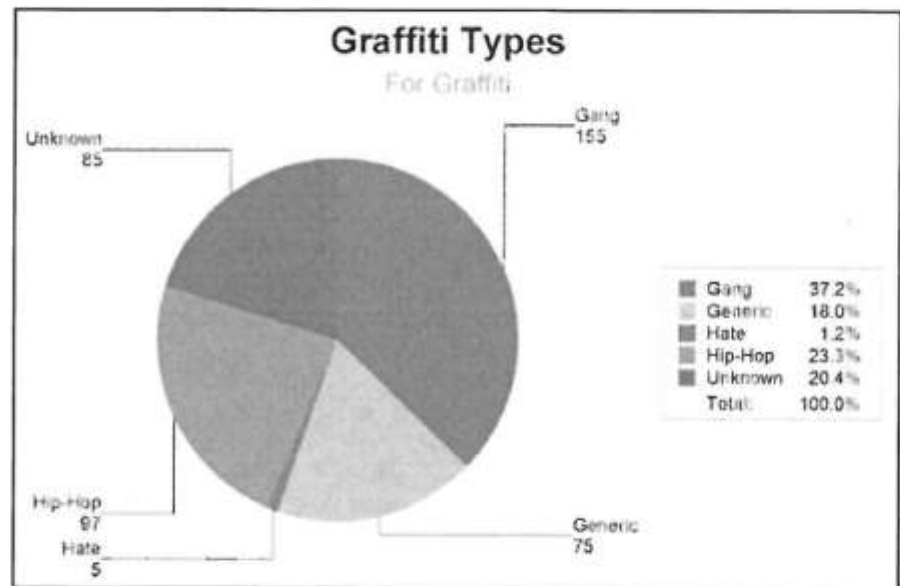
Since its inception, over 7,700 pounds of unwanted, leftover medication in Lancaster County have been collected and properly disposed. 2015 data indicates that the amount collected per month is higher than the last two years.

The legislature passed LB332, which provides \$300,000 per year for medication disposal efforts. This will allow the Nebraska Pharmacists Association (NPA) to coordinate a state-wide pharmaceutical waste collection program beginning in June of 2016. Once in place, LLCHD's coordination of medication disposal in Lancaster County will transition to NPA.

### Graffiti Prevention Program

The KLLCB Graffiti Prevention Program was established in June 2009 with funding from the Mayor's Office. The Graffiti Prevention Program's primary focus is to use educational approaches to minimize graffiti in Lincoln by: utilizing a graffiti complaint process; coordinating the delivery of anti-graffiti messages to the community; and initiating community and business owner collaborations and programs that empower Lincoln to address and prevent graffiti.

The cornerstone of the program is the complaint process: the part-time Graffiti Prevention Coordinator documents the graffiti with a photo and enters the complaint into the Accela Automation software. A letter, along with the initial inspection photo, is sent to the property owner advising them of the complaint and of their responsibility to remove the graffiti within 15 days from notification per City Ordinance 8.52. The letter explains the negative impact

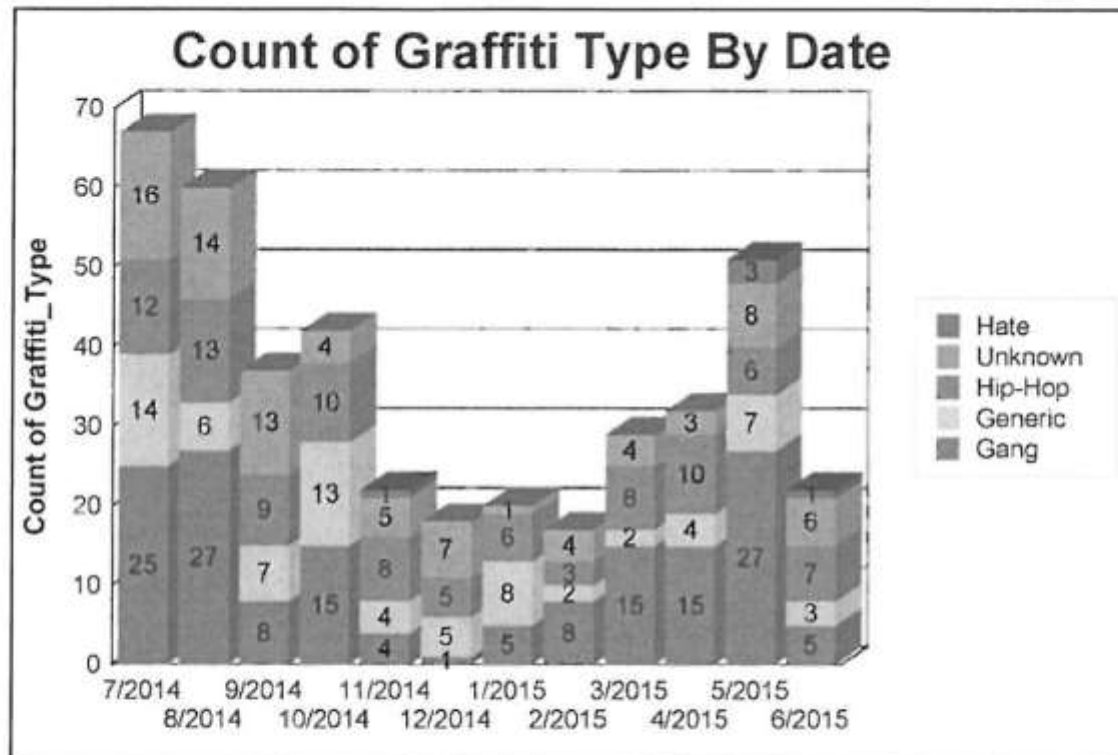


of graffiti, acknowledges that they are a victim of graffiti vandalism and encourages removal of the graffiti within 24 to 48 hours (often the Graffiti Coordinator has personal contact with the victims explaining the process resulting in improved cooperation and quicker removal now and in the future). If the graffiti has not been removed after seven days, the property owner is contacted. If upon inspection, the graffiti remains after 15 days special intervention options are considered.

On average, about 95% of all reported graffiti was removed within 15 days and the average number of days to close all cases was 5.5 days. Only one property has had to be abated by the City in the program's history.

There were 417 graffiti complaints reported from July 1, 2014 to June 30, 2015; a 15% decrease from the previous 12 months. Rapid removal of graffiti—within 24 to 48 hours—is the key to successful graffiti prevention, as it sends a strong anti-graffiti message to the graffiti community.

The continued success in reporting and removing graffiti, and the apprehension and subsequent prosecution of graffiti vandals are attributed to public awareness, police efforts, and sharing of information between LPD and the Graffiti Prevention Program. We firmly believe that by educating the property owners about the importance of quick graffiti removal, we will continue to see a drop in repeat graffiti. KLLCB program's cornerstone is that community improvement occurs through individual engagement.



## HEALTH DATA & EVALUATION

With the end of summer and the start of school on the horizon, it's time to start thinking about flu shots and school surveillance. Remember that the CDC recommends that all individuals six months old and older receive a flu vaccination each year. This year's vaccine, which has been changed from last year to reflect the flu strains that circulated last flu season, will soon be available in local pharmacies and at the Health Department. It's not too early to get the vaccination in August as studies indicate that the immunity provided from the vaccine should last through the flu season. We will start active surveillance of school absences around Labor Day.

On July 16<sup>th</sup> we held the fourth meeting of the MAPP (Mobilizing for Action through Partnership and Planning) Committee to help us update the community health assessment. The committee members were asked to score 81 health issues. Our Epi staff had scored the issues based on three criteria (size of the problem, comparison with state/national results, and historical trends) and the members were asked to score each issue based on the remaining four criteria (economic/social impact, changeability, capacity of the local health system, and readiness/political will). Since the meeting was kept to two hours they didn't get all 81 scored at the meeting, but we will try to complete the scoring via a survey.

All of the MAPP committee PowerPoints and related information are posted to the Health Department's home page, <http://lincoln.ne.gov/city/health/data/MAPP.htm>, which includes the presentations from all four meetings as well as other sources of information surrounding the

community health assessment. As for progress reports, updates on the four MAPP assessments are as follows:

- The data for the Community Health Status Assessment has been shared and even the recent data (2014 vital statistics) will be provided to the committee
- The Community Themes and Strengths Assessment survey has been extended to the end of July to allow for more community input. The assessment includes a perception of the quality of life in the county as well as an assessment of community assets. Outreach to the cultural centers and to the Center for People in Need has been made to obtain opinions from the clients they serve. We have also gathered information from a couple of focus groups will conduct several more. The survey link is on the MAPP web page mentioned above.
- The third assessment is the Community Public Health System Assessment. We have sent out a survey (also available on the MAPP webpage) to our partners who are addressing one or more of the ten essential public health services to gather information about which services they provide in the community. In addition to conducting the survey, at a date and time to be determined we will pull together our partners to complete the Local Public Health Performance Standards assessment.
- The fourth assessment is called the Forces of Change. This assessment revolves around events and legislation that influences the health of the community and the strength of the public health system. The plan is to conduct the assessment in August.
- At the conclusion of the MAPP assessments, we will prioritize issues and produce a Community Health Improvement Plan to address four or five areas that can be addressed strategically over the next three to five years. A draft Community Profile has been started with all of the data and information gathered during the MAPP process.

We have received the 2014 birth and death data and we will be updating our dashboard with the information at <http://lincoln.ne.gov/city/health/data/vitalstats/>.

Another addition to our dashboards is one comparing Lancaster County to a group of “peer” counties to see how we compare on a variety of health and other community demographic and health-related measures. The dashboard is at <http://lincoln.ne.gov/city/health/data/CHR.htm>.

## **HEALTH PROMOTION & OUTRECH**

### **Chronic Disease Prevention and Minority Health**

In June, the Summer Food Service Program provided an average of 2,098 meals per day to 39 sites. Of those average daily meals, 753 were breakfasts and 1,345 were lunches. The program continues through Friday, August 7.

Information on bike and pedestrian safety was provided to participants at the annual Juneteenth celebrations hosted by The Clyde Malone Center at Trago Park and at the annual Bryan Health Kid's Fair held at Haymarket Park. The 14<sup>th</sup> annual Trail Trek event celebrating the City's trails system was held on June 28 with over 1,200 bicyclists of all ages attending and riding routes varying from 10 to 100 miles in length.

### **Injury Prevention**

Staff and Bike/Pedestrian Safety Task Force volunteers (Safe Kids Lincoln Lancaster County) provided educational activities at the Bryan Homerun for Health Kids Day at Haymarket Park. The simulated crosswalk mat, traffic light and pedestrian signal helped with teaching children safe crosswalk navigation. The bike wheel game asked children bike and pedestrian safety questions, and bike helmets were fit and sold. Bryan Health estimated over 2,500 families participated in this event and received tickets to the Salt Dog game.

Staff presented heatstroke prevention tips related to leaving kids in vehicles on the July 8<sup>th</sup> KLKN Midday Forum; for a July 10<sup>th</sup> evening news feature story at KLKN Channel 8; and for Channel 10/11 Moms Every Day Moments. At the time of this writing, Safe Kids USA has notified Safe Kids coalitions of 11 deaths nation-wide since May, 2015 of young children due to heatstroke as a result of being left in a hot car.

Seventeen landlords responsible for 2,227 housing units attended the second Safe Kids Fire Safe Landlord training of 2015 at Paul Davis Restoration. This four hour training highlights the "Power of Fire" (how quickly fire can go from ignition to overwhelming the structure); case study of an actual apartment fire including the 911 call; the process and cost of property restoration; housing and fire codes and compliance; tenant education about importance of smoke alarms; smoke-free housing; and fire extinguisher education and demonstration. Sixteen of the landlords opted to receive 5 new dual sensing smoke alarms to be installed by Southeast Community College Fire Protection Program students. Staff will follow-up with the landlords to determine what information and resources they are using as a result of the training and what barriers and challenges they may have in implementing the safety measures.

## **INFORMATION & FISCAL MANAGEMENT**

Year end projections have been completed for FY 2015. All Department budgeted funds are anticipated to come in under expenditure and to make all revenue.

The Division Manager has developed and tested documentation tools for the Department to use for Accreditation documentation.

Meetings with City Purchasing have been completed, the RFP for the new Animal Control System was released on July 15<sup>th</sup> and will close on August 19<sup>th</sup>.



